

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM TPO-875)

SERIAL NO.

101718, 126
APPLICANT(S)

FILING DATE

19 10 83

CLAIMS

	AS FILED 9/18/83		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY

Application Number

101 718,126

Filing Date

19 2/3

Applicant(s)

CLAIMS

AS FILED
9/18/92

AFTER FIRST
AMENDMENT

AFTER SECOND
AMENDMENT

* May be used for additional claims or amendments

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

1						
2						
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20						
21	1					
22						
23						
24						
25	1					
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

51						
52						
53						
54						
55						
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57						
58						
59						
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61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72	1					
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92	1					
93						
94						
95						
96						
97						
98						
99						
200						
Total						
Indep						
Total						
Depend						
Total						
Claims						

CLAIMS ONLY

Application Number

107718, 126

.. Filling Date

pg 3073

Applicant(s)

CLAIMS	AS FILED 9/18/9		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
10-1						
10-2						
10-3						
10-4						
10-5						
10-6						
10-7						
10-8						
10-9						
10-10						
10-11						
10-12						
10-13						
10-14						
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10-43						
10-44						
10-45						
10-46						
10-47						
10-48						
10-49						
10-50						
Total Indep.						
Total Depend.						
Total Claims	227					

* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
53						
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57						
58						
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96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						